Improving Health Outcomes: the Role of State Health Leadership

PAUL E. JARRIS, M.D., M.B.A.
Executive Director
Association of State and Territorial Health Officials

For over 20 years, America’s Health Rankings® has been a reliable source of comparative information on health determinants and outcomes across the United States. This report is taken seriously as an important assessment of a state’s current and future health. Throughout the years, state health officials have been summoned by their governors and delivered an ultimatum: “Fix the health rankings.” America’s Health Rankings® is an effective call to action. In this commentary, I present promising strategies to improve the health of the nation’s residents as documented in this report.

IMPROVING HEALTH

Improving health outcomes requires an all hands approach. Leadership and grassroots efforts are required across a range of parties including government, community groups, and private businesses. State and territorial health officials are uniquely positioned to drive health improvement. As part of the Association of State and Territorial Health Officials (ASTHO) orientation, new state and territorial health officials learn about America’s Health Rankings®. We discuss the key health determinants and outcomes highlighted in the report, noting which areas show success for the state and which present challenges, and we highlight racial disparities. Unfortunately, improvement as measured by the rankings has slowed over the decade. The 2011 Edition of the rankings showed that while overall health improved 21 percent since the first edition of the report, it improved at a rate of 1.6 percent in the 1990s and only 0.5 percent in the 2000s. Sadly, measures of health disparities have not improved.

We cannot let improvement slow to a halt; we must all redouble our efforts. As we face ongoing economic challenges and diminishing resources, we must be as efficient and effective as possible. We can use the rankings to identify opportunities and set clear improvement goals. We must embed the science of continuous quality improvement (CQI) in the leadership and management of our programs and services. We can then drive improvement using strategies supported by the evidence base. The CDC’s Guide to Community Preventive Services and its companion, the Guide to Clinical Preventive Services, provide many proven options for addressing some of the most pressing health problems. Oftentimes, however, we need to tackle new threats, address old threats in a new context, or do something better than it has ever been done before. In these situations the current evidence base is insufficient. We must innovate to expand the evidence base, work to advance implementation science, and bring interventions to scale. Even when a strong evidence base exists, adaptation and adjustments are necessary for efforts to succeed in a specific environment.

Improvement will accelerate if we rely on the evidence when we have it, innovate when we don’t, and share lessons learned within the field. Whether by engaging in learning collaboratives, submitting a promising practice to be compiled by organizations such as the United Health Foundation, ASTHO, American Public Health Association (APHA) or National Association of County and City Health Officials (NACCHO), or participating in a research study, we must give others the benefit of our learning. The more information we can add to the evidence base about what works and under what circumstances, the more effectively we can improve health. State health agency leaders are uniquely positioned to collaborate with our academic partners and drive practice-based public health services and systems research (PHSSR) that will increase our collective effectiveness in years to come.
SETTING IMPROVEMENT GOALS

America’s Health Rankings® provides an excellent stimulus and key data for setting health improvement goals. The World Health Organization (WHO) describes the objective of good health as twofold, including goodness, the best attainable average level of health, and fairness, the smallest feasible differences among individuals and groups. ASTHO defines health equity as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.” Health inequities exist among groups based on gender, sexual orientation, race, ethnicity, education, income, disability, and geographic location. In addition, the burden of health inequities constitutes a huge financial and social cost to our nation. We simply cannot become a healthy nation if we do not rigorously and deliberately take action to improve and achieve health equity. As we establish improvement goals for our work, it is imperative that we create both goodness and fairness goals. In this manner, we will improve overall health and close the gaps between our people and communities. State and territorial health officials have committed to “Strengthen the effectiveness, value, and relevance of state and territorial public health in promoting health equity and improving health outcomes.”

At a federal level, this attention to fairness is demonstrated in our nation’s first National Stakeholder Strategy to Achieve Health Equity, as an overarching goal of Healthy People 2020, and as part of the National Prevention Strategy. We call upon all those engaged in improving health to specifically examine their contributions and establish explicit goals to achieve health equity.

DRIVING IMPROVEMENT

There are many variations on the metaphor “you don’t fatten a calf by weighing it” and this is equally true of measurements of the public’s health. Measurement is a first and critical step. Deliberate and strategic action to transform the rich information contained in this report is an essential next step. Sustainable scalable improvements require a systematic approach. This report focuses on both the determinants of health, which drive future health outcomes, and the health outcomes themselves, which reflect the current state of health. Multiple interventions are necessary to change a complex system. The socio-ecological model provides a frame for both upstream and downstream interventions that can work across health agencies and multiple partners in public health, health care, and the community. Expertise is needed at the individual level to promote self-efficacy, at the interpersonal level to affect social norms and supports, and likewise at the organizational, community, and policy levels. Rapid cycle improvement processes require timely data to drive decision making and course correction. Leaders must utilize the best available data and information at the state and local levels. National data, while allowing comparisons between jurisdictions, is often lagged by several years, which makes it less useful to guide real-time improvement efforts. The Georgia Department of Public Health developed an innovative approach to combating infant mortality, beginning with geo-location. Epidemiologists plotted vital statistics and census information, among other data sets, to identify clusters of increased infant mortality in “a fishnet consisting of squares with 1x1 mile cell sizes” which now allows the department to direct interventions in specific target locations and to maximize limited resources. In one of six identified clusters, a special response program called Baby Luv is instrumental in reducing the infant mortality rate from 16.7 percent to 6.9 percent in the intervention population. Further interventions are planned.

Partnership and collaboration are essential. No one group has all the expertise and influence required to create sustainable systematic improvements. Broad-based public and private collaborations bring together the passions,
distinctive competencies, and unique contributions of multiple parties and opinion leaders. Engagement of community members can assure the effort is consistent with community priorities and is culturally sensitive. This level of collaboration requires a neutral convener, which is a role public health agencies can play very effectively. State health agencies, working with their local counterparts, can convene nonthreatening meetings of multiple parties, including cabinet agencies and legislators, advocacy groups, competing healthcare entities including health systems and insurers, private sector groups such as employers, and community and faith groups. Furthermore, unlike many groups, public health agencies have no direct financial stake in the health sector. The job of convening and organizing a highly functioning collaboration takes much work and is critical to enable the mission-oriented efforts to succeed. Without an effective party in the role of convener, centrifugal force will spin off many important partners.

An example of this type of a systematic approach to improve prematurity can be found at http://www.astho.org/healthybabies/. Forty-eight states have signed pledges to reduce preterm births by 8 percent by 2014. The strategy involves broad-based stakeholder teams led by the state health official and organizes around the socio-ecological model. Dramatic results are occurring. Oklahoma’s “Every Week Counts” initiative has reduced elective pre-term births by over 66 percent, decreased NICU admissions, and lowered costs.

LEADING CHANGE

Effective leadership is another critical element for driving improvement. In tough economic times, fierce competition exists for scarce human and financial resources. The more innovative and promising an idea is, the more it may threaten others who are also vying for limited attention and funds. Thus buy-in from high-level leadership is essential. A governor, state health official, county commissioner, mayor, business, nonprofit, or faith leader may use their bully pulpit and credibility to champion the cause of improvement and hold the participants accountable for working together. Leaders can hold parties accountable, access the media, and rally the grassroots efforts to create a movement.

This report’s focus on both the determinants of health and health outcomes makes it a uniquely valuable resource to help health leaders engage their counterparts in other sectors in the discussion about improving the health of the population. Health leaders can use America’s Health Rankings® to start a conversation with education officials about graduation rates and their impact on health, or with public safety officials about violent crime, or transportation officials about community walkability, or agriculture officials about access to healthy affordable foods. This kind of cross-cabinet and cross-sectoral leadership is an imperative for the “health in all policies” approach required to tackle the health challenges we face today.

Innovative public health leaders will also leverage the assets and reach of private sector partners to improve the health statistics contained in this report. Private sector employers are increasingly seeing the value of worksite wellness programs to increase employee morale, decrease health care costs, and increase overall productivity. Public health officials are becoming increasingly engaged with hospitals and health systems as they develop community health needs assessments. The Internal Revenue Service (IRS) requires that nonprofit hospitals develop community health needs assessments, and the Public Health Accreditation Board requires that health departments complete health assessments before even applying for accreditation. America’s Health Rankings® is an excellent place to start when considering important health determinants and outcomes and their trends over time.

It is up to each of us who read and study this report to take the next step and activate our sphere of influence. ASTHO is committed to learning how the states that have made significant improvements in the America’s Health Rankings® have done so and convening a learning collaborative led by state health officials to accelerate improvements in health equity and health outcomes of our nation. The well-being and economic vitality of America depend upon it.